

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/ 288410

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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13							63						
14							64						
15							65						
16							66						
17			1				67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23							73						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			5				TOTAL DEP.						
TOTAL CLAIMS			6				TOTAL CLAIMS						

BEST AVAILABLE COPY